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THE
CALIFORNIA HOMŒOPATH.

Vol. X.

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Original Articles.

ABORTION AND ITS TREATMENT.

BY ALBERT WHEELER, M. D., SAN FRANCISCO.

When the product of conception is expelled by the action of the uterus, previously to the age of viability, it is denominated *Abortion* or *Miscarriage*; where such expulsion occurs between the period of viability and the natural expiration of pregnancy, it is termed premature delivery. There are three varieties of abortion, I shall class them according to the period of their occurrence; *Ovular* abortion is the term applied when it takes place before the twentieth day of conception; *embryonic*, when it occurs between the twentieth day and the last of the third month, and *foetal*, between the latter day and the sixth month, which is the legal age of viability. Abortions admit of another division, one founded upon the cause of their occurrence, viz: *Spontaneous, Accidental and Provoked*.

Spontaneous Abortion, is where it results from disease, either of the woman or ovum.

Accidental, is where it is the result of some external influence, as blows, falls, fatigues, excessive coition, loss of blood, mental emotions.

Provoked, is where it is induced designedly, in view either of a criminal or laudible object. Abortions occur most frequently in the first pregnancy, and oftener within the first three months than after.

Ovular Abortions, which occur within twenty days after conception, resemble menstruation; this class is preceded by a very few symptoms, and these are of a character so mild, as hardly to arrest the attention of the patient. There may be a slight headache, with a trifling sensation of chilliness followed by some flashes of heat, and uneasiness, scarcely amounting to pain in the back, and a sense of heaviness in the pelvis; all of which are nothing more than what is generally experienced at the approach of an ordinary menstrual period. A circumstance most likely to arrest attention, and excite suspicion, is the appearance of, at first a slight, very pale, then deeper, and in the course of three or four days, a freer sanguinous discharge from the vagina, at a time when unusual for the menses; this generally continues, with more or less intermission, for one or two weeks, or until after the arrival of the catamenial epoch, when the symptoms culminate in a menstrual effort of unusual severity being attended with greater pain, and a more copious flow than common, and frequently accompanied by coagula, amongst, or incorporated with which upon close inspection, some debris or membranous shreds may be observed. After these pass the hemorrhage subsides, and what pain was present ceases; and the patient experiences no more inconvenience than generally follows an attack of Dysmenorrhœa.

Embryonic abortions, which occur between the twentieth day and the third month, are announced by a more decided manifestation of the foregoing symptoms, and the addition of some others, showing a more general disturbance of the whole system. There is, however, a difference in the symptoms which in a measure corresponds with the nature of the cause producing the accident; thus, where it is spontaneous, and results from some lesion of health in the woman, or pathological condition of the ovum, the incursion of the symptoms is very slow; at first consisting in slightest deviation from general health, but gradually becoming more marked as a miscarriage

approaches. In addition to the headache, shivering and heat, and pain in the back, there is loss of appetite, nausea, thirst, a desire for acid drinks, as lemonade; languor, pallor, cold hands and feet, depression of spirits, dullness of the eyes, a sinking sensation at the epigastrium, dysuria, with tenesmus of the bladder. Those symptoms last two or three days, during which the patient is able to keep about but feels miserably, and scarcely suspects what the matter is until the pains in the loins become more severe and extend round to the hypogastrium, and begin to alternate with moments of ease, with an increased discharge from the vagina. These signs arouse her suspicion as to the real state of the case, and in a few hours, after two or three sharp forcing pains, the contents of the uterus are expelled, and the patient enjoys immediate immunity from further suffering. Where the accident occurs between the second and third month, the embryo will be found to be tolerably well formed, and from two and a half to three inches in length. The ovum may pass entire; in that case very little or no trouble follows, but the membranes of this period of gestation are so very thin and delicate that they are apt to rupture during the process of expulsion, and the embryo to escape alone, leaving the secundines in the uterine cavity. Usually most of the trouble of an abortion at this period is caused by their retention, which is attended with a continuation of pain and hemorrhage.

When pain and hemorrhage attend the retention of the secundines, it is evident their separation from the parietes of the uterus is not complete, while an absence of these symptoms shows that all physiological relations between the uterus and its contents has been dissolved, and that the latter occupy the cavity of the former, only as a foreign substance, which in time, earlier or later, will arouse the excito-motor action of the uterus, and cause its expulsion. Generally where the pain and hemorrhage continue after the escape of the embryo, the os uteri remains dilated and even continues to dilate still more, to allow the exit of the rudimental placenta and membranes, which require more space to pass than the embryo alone; while in those cases where the symptoms cease with the escape of the embryo, and the secundines are retained, the os uteri gen-

erally contracts almost immediately after the expulsion of the former, and remains in a state of normal contraction until a re-occurrence of the excito-motor action of the uterus again causes its dilation as at first. When there is evidence of a complete separation of the secundines, as an absence of pain and hemorrhage, and the os uteri remains sufficiently dilated to allow of the admission of atmospheric air, the uterine contents soon undergo decomposition and pass off by foetid sanguous discharge containing bits of partly decomposed fleshy substance. The prognosis of this variety is generally favorable, perhaps the most serious aspect of the case is a liability to recur at about the same stage in succeeding pregnancies, especially in the primipara after the uterus has been excited to contraction in the early part of the first pregnancy, it appears to be able to withstand only a given amount of irritation, in subsequent ones, at the same stage, before the uterine motor action becomes excited, and the embryo is thrown off. From these early abortions occurring in rapid succession, sometimes to the extent of four or five in a year, the uterus becomes habituated to abnormal contraction, or a morbid irritability of the organ is established, which is often difficult to overcome, and which if continued, ultimately, through the various sympathetic affections it gives rise to, impairs the general health of the woman, and renders her life miserable without an abatement of the continuance of the miscarriages, until the ability to conceive is lost in the general wreck of health and vital energy.

Fœtal abortions, are those that take place between the last of the third month, and the period of viability. This variety includes the middle of pregnancy—a point in the process of gestation equidistant between conception and natural labor; when the phenomena of expulsion are not allied to either of menstruation or parturition, but when the dangers of both earlier miscarriage, and later premature delivery are combined. It is therefore, the period fraught with most peril for the woman, for abortions that prove fatal, are generally those of this variety, the bulk that is to be expelled, requires a greater amount of dilation of the os and cervix uteri, than a smaller body of an earlier period, and the ramollescence of the parts characteristic of their fitness for normal parturition is not

present, to favor an easy and speedy dilatation. Hence a longer time and greater amount of pain is required to effect the expulsion of the foetus, at four or five months than is experienced in giving birth to a child of nine. The vessels of the uterus are now larger than they have been at any previous period, and consequently they are traversed by a greater quantity of blood—this increases the danger of flooding. Where the placenta is partially detached, and retained after the expulsion of the foetus, hemorrhage is almost inevitable, and, to an expert, sometimes truly alarming and even fatal. The smallness of the os uteri prevents the introduction of the hand, and the placenta is usually too high up to be reached by the finger, so a great deal of time is often consumed in inefficient and useless efforts to dislodge it, while the blood is flowing at a fearful rate, which not unfrequently proves fatal. Where this unfavorable result is escaped; frequently another and more dangerous one awaits the unfortunate woman. The violent shock sustained by the system from the intense and protracted suffering, pre-disposed it to inflammation; this, often united with other pre-disposing causes, gives rise to metritis or peritonitis, or both, which renders the situation extremely precarious. When this variety occurs spontaneously, the symptoms do not differ from those that announce the incursion of embryonic abortion, the pains assume all the characteristics of regular uterine contractions, during these, if the hand be laid over the uterus, immediately above the pubis, an increased hardness will be readily perceived, which will pass off as the pain subsides. At the same time the vaginal touch will reveal an enlargement of the neck of the uterus, and if the process be sufficiently advanced, a dilatation of the os to a greater or less extent will be perceived, in which will be found engaged the protruding membranes. These, in due time rupture and the foetus is expelled, which is followed shortly by the spontaneous escape of the placenta; under favorable circumstances, in a fortnight, the patient will be able to resume her usual duties. This is a fortunate termination of such a case, but cannot be effected without a great amount of suffering.

The condition of the os and cervix uteri determine to a great extent the quality and quantity of the pains necessary

to expel the fœtus. Sometimes there is marked difference in the ramollescence of these parts during the whole term of gestation. When they are hard, firm and unyielding, a much longer time and harder pains are required to effect a sufficient dilatation to admit of a passage of the fœtus. On the contrary, where there is a greater degree of softness and pliability, there is a corresponding speed and facility in its expulsion. An accident sufficiently grave to cause an abortion, may affect injuriously either the woman or fœtus. In case of the former, the injury may be received at a distant part of the system, and disturb the uterus through reflex nervous action and emotion; or it may be sustained by the uterus direct. In the latter case it may be of such a character as to destroy the life of the fœtus, either immediately by its direct application or mediatly by supervening inflammation, hemorrhage, or some other equally destructive agency. Where it results from harm sustained by the woman, the only symptoms following the accident immediately are two or three sharp, short pains through the loins, and a slight sanguineous discharge from the vagina. These generally pass over at the time, and the patient thinks she has escaped any serious consequence; in a few days, however, she may be suddenly attacked with a severe chill, followed by high fever and a violent headache, flushed face, thirst, etc. During the febrile state, uneasiness and pain in the back are experienced, and a show, more or less copious, is observed from the vulva; in two or three hours the fever subsides, giving place to a free perspiration and suspension of pain in the back, and perhaps vaginal discharge. In a few hours there is a repetition of the foregoing symptoms, with increased severity. These may subside again, and be followed by regular pains, resembling those of ordinary labor, which, after longer or shorter continuance; and of greater or less severity, may terminate in expulsion of the fœtus, followed in due time by the escape of the secundine.

TREATMENT OF ABORTION.

The treatment of abortion presents three distinct and important points for consideration. First, its prevention; second, its management, if prevention fails, and third, the

delivery of the placenta. First the prevention where the presence of a pessary in the vagina is attended with leucorrhœa, and pain in the back or any other symptoms of either ovular or embryonic abortion, it should be removed at once and the symptoms of prolapsus, for which it was worn, should be treated by rest in the horizontal position.

Vesical irritation, occurring during any stage of pregnancy where it is attended by symptoms of abortion, should be promptly relieved. Strangury, dysuria, incontinence of urine, must be treated as though pregnancy did not exist, by the indicated remedy.

Rectal irritation, may give rise to abortion at any stage of gestation, accumulations in the rectum, ascarides may be removed by enemata, hemorrhoids, when sufficient to induce uterine contraction are to be treated as in the absence of pregnancy. No surgical operations about the rectum or anus are advisable in this condition of the patient.

Uterine irritation, the uterine excitor nerves may be influenced by diseases of the placenta, membranes, foetus, or of the uterus itself, especially of the os and cervix. Here we may have to contend with malignant disorders, as cancer, syphilis, gonorrhœa, the various classes of tumors, etc., which may be complicated with pregnancy, and for which little more can be done than to palliate suffering. In case of inflammation, and ulceration, of the os uteri, we had better risk the proper treatment, such as should be employed in the non-gravid state, than a consequence of a continuation of the disease. Should the patient escape abortion, a morbid condition of the os might endanger its safety at the time of parturition. Serious lacerations of the cervix frequently result from such lesions, as the head escapes from the uterus. Inversions of the uterus, the only means promising any essential benefit, is restoration of the organ to its normal position. These displacements can only occur while the organ remains in the cavity of the pelvis, in all the various forms of displacement abortions are liable to be met with; but in all except retroflexion they are comparatively rare, but in this they are exceedingly common; the special reason why retroflexion so often leads to abortion is the marked vascular

engorgement, which is incident to this form of displacement. Uterine irritation arising from a pathological state of the placenta, may excite uterine contractions, and cause expulsion of the foetus at any stage of pregnancy. This irritation is, however, most generally induced secondarily through the death of the foetus in utero. When should our efforts to prevent abortion be relaxed? Pain or hemorrhage, singly or combined are not sufficient to render the case hopeless. If the os uteri be dilated to such an extent that you can pass your finger through it and touch the presenting foetal ball, do not waste your own and your patient's time by trying to stop the process of expulsion, further exertions will be useless.

In undertaking the management of a case of abortion, but one object can influence the action of the accoucheur, and that is to conduct the patient safely through her trouble. Should all hopes and prospects of arresting the process, be dissipated by the regular advancing symptoms and signs of its steady progress, notwithstanding the prompt and earnest efforts made to that end, the whole duty of the medical attendant will be comprised in two points, viz: first, to control the hemorrhages, and second, to facilitate the expulsion of the contents of the uterus. Uterine hemorrhage, when it occurs during pregnancy, in the absence of any malignant disease, can proceed from but one source, and be induced by but one circumstance; it comes from the sight of the placenta and is induced by its detachment from the uterine walls, to which it is adherent in the normal state, resulting either from accident or congestion. Its violence depends upon two circumstances, viz: the extent of the detachment and the period of pregnancy at which it occurs; and its duration depends upon the state of dilatation of the os uteri. Where the detachment is great and pregnancy far advanced and the os undilated, the hemorrhage will be copious and the duration protracted: on the contrary where the detachment is trifling, though pregnancy is far advanced, the hemorrhage will be comparatively slight, if the os uteri is dilated or soft and yielding, and the pain regular and efficient, the contents of the uterus will be soon expelled and the hemorrhage terminated.

Again, if the separation be complete and pregnancy not far

advanced, the hemorrhage will not be excessive, because the uterine vessels at this stage are too small to admit of the passage of a great quantity of blood through them. If the hemorrhage be severe and the os uteri undilated and the contractions inefficient, the indication is to arrest it. This may be done by enjoining perfect quietude in the horizontal position, a full dose of opium, say 1-5 of a grain of morphine, repeating it according to circumstances, a tampon consisting of a fine sponge of appropriate size and placed up against the os uteri. Where the os uteri is dilated and the hemorrhage copious the tampon must be resorted to. After the hemorrhage shall have been restrained and the immediate danger of the case arrested, the next indication is to secure the expulsion of the ovum. To effect this, the uterine contraction must be promoted, for it is through the contraction of the fundus and body that the cervix and os are dilated sufficiently to allow the contained body to pass and the contents to be expelled. The ergot of rye has long been extensively employed as an excitant of uterine contraction. By the injudicious use of the article much unnecessary suffering may be induced and should never be given while the os is undilated. I prefer the first trituration of macrotin. Its action upon the uterus is more mild and gradual, and does not produce such violent contractions. In cases of ovular or embrionic, and in the earlier stages of foetal abortions, the best practice is not to disturb the integrity of the ovum by rupturing the membranes if it can be avoided, but allow it to pass whole if possible, while the membranes remain entire and the embryo and liquor amnii are contained within them; the body to be acted upon by the uterus is larger and is capable of receiving the full amount of pressure, and hence is more readily expelled than if it were reduced in size and capable of receiving but a moiety of the pressure supplied by the contracting uterus. And moreover, the retained secundines, after the escape of the embryo and liquor amnii are very apt to cause hemorrhage, which is difficult to control while the uterus remains unemptied. In studying the delivery of the placenta in abortions it is no less important to bear in mind the periods of pregnancy at which the accident occurs than it is in reference to the escape of the embryo or foetus.

In case of the ovular abortion there is but little interference necessary, the structures being so imperfectly organized, the escape with the sanguinous discharges almost in a state of solution, without much difficulty, when the ovum does not pass entire; all that is required is to enjoin quietude in the horizontal position and pay attention to restraining the hemorrhage if it should become excessive.

In embryonic abortions, where the product of conception does not pass entire, but where the embryo escapes and leaves the secundines behind, a little more difficulty may be encountered in effecting their expulsion; the pain is not very severe, nor the hemorrhage, generally, very threatening, but little can be done, nor is there but little needed further than what has just been directed in the ovular variety. In foetal abortions, phenomena of a more serious and threatening character may be present. The placental mass has acquired a greater size, is denser in its texture, more firmly adhering to the uterine walls, and supplied with a greater amount of blood, through larger vessels, than any former period; hence, a greater degree of dilatation, and a more complete contraction of the uterine fibres are necessary for its expulsion, and the uterus, from its imperfect expansion, is not endowed with a degree of contractility sufficient to admit of a speedy or perfect dilatation of the os or contraction of the fibres of the uterus. These opposing conditions, therefore favor a tardy delivery of the placenta, and a free discharge of blood during its retention in the uterine cavity. When these two conditions, viz, retention and hemorrhage are present interference becomes imperative. As the most threatening danger, at the time, consists in the hemorrhage, it must be first to claim attention, and be combatted, as already directed, in case of expulsion of the foetus. If the means employed to control the hemorrhage fail to promote contractions sufficient to expel the placenta its removal must be attempted by artificial means. If, upon examination, the placenta is found protruding through the dilated os and cervix uteri, the fingers may be passed up between the mass and the inner surface of the uterus, and by a success of short tractive efforts work it down so that it can be grasped and removed; if the placenta cannot be moved in this way, but is too high to

be reached by the finger, the placental forceps, crochet or dilation, must be resorted to. The main objection to a few hours' delay in delivering the placenta, in the absence of hemorrhage, is the liability of the os uteri to contract, and retain it within the uterus.

IDIOCY.

BY E. A. DE CAILHOL, M. D., LOS ANGELES, CAL.

In January, 1891, a lady from one of our neighboring towns, came to consult me about the mental condition of her youngest boy. Her boy, C. S., was then twenty-six years old, five feet eight inches tall, and although pretty strong physically, appetite good, etc., he was a perfect idiot; unable to answer any questions except by yes or no, and even these answers were stupid. His appearance and his manner of acting was that of a child only a few years old. I remarked that all his teeth were decayed, and that one side of his head, the left, was a great deal smaller than the right. He was very nervous in his demeanor, unable to remain quiet on the chair for five minutes, and when these spells of nervousness reached the paroxysm, he generally tore off all his clothing and flung it in every direction in the room, until he was completely naked. However, he seemed to have some fear or respect for his old mother, the only one, indeed, able to handle him. He was not addicated to masturbation, but absolutely nothing seemed to interest him. From time to time, for several years this boy had been treated by several physicians of the old school, but without any success. This patient was the seventh child of the family; all the others were healthy as also were the father and mother.

I inquired, if during the pregnancy of the mother with this child, she had been subject to any accident, or fright. She answered no, on the contrary, she had always had a very quiet and happy life.

I prescribed for this patient: *Magnesia phos.* and *calcarea phos.* 60th in 3d. x T, 5 grs. doses to be taken in alternation every hour during the day, the boy usually sleeping very, quietly all night; I recommended the patient be brought to me

every week; of course, I did not promise a cure, but warned the mother to be patient with the poor boy, for the treatment would be a long and tedious one.

After a month of the above treatment, the mother reported that the bad nervous spells of tearing the clothes were stopped the boy was more quiet, following her all over the house and seeming to take interest in her household work.

Two months after the beginning of the treatment, his intelligence seemed to develop in some respect, he helped the mother; sweeping the rooms, and washing dishes without breaking them, getting interested in many different other things, particularly in looking at images or photos, and painting correctly, that such and such were pictures of his brothers or sisters, etc. After the fourth month of treatment, I advised the mother to let him go with his brothers that were carpenters, and see whether he could make himself useful for them in their work. So he did, he commenced by helping them in carrying boards, and sometimes planing them when necessary; weeks after weeks he got more and more interested in the work. Finally, after eight months treatment, always under *mag. phos.* and *calc. phos.* he was able to do eight hours of common carpenter work for his brothers, and able to make \$2.00 a day without experiencing any dislike, fatigue or laziness. He is since working steady, of course, like a man of poor intellect, but he is no more a burden as before, to the great satisfaction of his poor old mother.

The improvement of that idiot has been permanent until now.

AN INTERESTING CASE.

BY DR. H. W. ANDREWS, SPOKANE.

[*Read before Washington Homœopathic Medical Society May 14th, 1891.*]

Mrs. —, rather short in stature, blonde and weighing about one hundred and sixty to seventy pounds, was admitted to the maternity ward. Labor pains commenced early Sunday morning, about day-break found it necessary to administer an

enema; shortly the nurse reported that one could not be given as there was an imperforated anus; an examination confirmed the statement. The operation when an infant was ineffectual and she had gone so far in life's journey in this condition, the bowels always being evacuated through the vagina, the patient herself assisting the tube, the bowels were disengored and labor proceeded slowly.

There was another case under the care of my friend, Dr. Kendal, in the same ward, requiring instruments, and this patient begged to have them used, which was done and soon delivered of a small, but plump, female infant, and all went well with the mother.

Early the next Tuesday morning the nurse came to my door, saying do come quickly, something is wrong with Ella's babe. We found the napkin and bands as high as the armpits saturated with blood. The babe had been restless through the night, but not crying hard enough to cause hemorrhage. After a bath a continual oozing was discovered at the navel just outside the funis. A compress was applied to no effect however, and at night the linen was saturated again. The next day Dr. B., the visiting physician, called and examined the case to find in addition to that oozing from the navel, blood coming from mouth and anus. The babe was restless, but weak and very pale. Dr. B. had seen slight hemorrhages from navel, but nothing like this, and did not suggest or advise anything. "Now, you will have a certificate to sign to-day or to-morrow," he remarked as he left the ward.

The babe seemed thirsty and mouth very dry, as it was too weak to nurse. The mothers' milk was drawn and fed to it frequently. Thursday morning the child was still alive, much to our surprise, but looking like a china doll as it lay in the crib, colorless and eyes partly open. We prescribed Phos. m. in water every hour for three times. Towards evening it rallied. The oozing ceased and nourishment was frequently given, and Friday the child had so improved that the mother, being a good catholic, requested that the nurse take it to the church for baptism, which was done.

Saturday, Dr. B., on his weekly round of visits, was greeted with the crys of the little one instead of a certificate, very much to his surprise.

Several doses of china were given on general principles, and two weeks later the babe was as lively as any at that age, when the mother left for her home.

In the use of the instrument, not enough force was applied to do any injury, for as soon as the head was turned from the left groin into the axis of exit, the expulsion was so rapid the instruments were unnecessary.

RELAXED PERINEUM.

BY GEORGE D. ARNDT, M. D., SAN DIEGO, CAL.

[*Read before Southern California Homœopathic Medical Society, of San Diego, California.*]

Under the head of relaxed perineum, are included all injuries of the perineum, whether acute laceration, or gradual stretching, whereby the floor of the pelvis is lowered and the normal support given the pelvic viscera is lessened.

I use the term "relaxation," because there may be severe injury to the floor of the perineum without any evident laceration of the perineal body. Koltenbach has found rupture of the vagina, and fossa navicularis, longitudinal rupture of one or both sides of the columna; and five horse-shoe ruptures, which separate the columna from its base and draw it upward; all these conditions he has found present, and often in an aggravated form, with the posterior commissure entirely uninjured.

There also may be laceration of the perineal body, and the mucous membrane remain untorn, and some of the most aggravated cases of relaxation are of this character, and remain unrecognized until a prolapsed uterus has demonstrated that there is missing an essential support.

Ætiology.—The causes of this condition are numerous and sometimes complex.

A general atonic condition, with flabby abdominal walls, and slack peritoneum favor the development of this condition by allowing the uterus to assume a position in which its axis will correspond to the axis of the vagina; the cervix entering

the lumen of the vagina as a wedge becomes an active cause of relaxation under the force of intra abdominal pressure.

Pressure of dropsical accumulations, ovarian tumors, fibroid tumors, result in relaxed perineum.

But by far the most common cause of relaxation is parturition. Very few perineums that have been subjected to the strain of repeated confinements, but become more or less relaxed.

Pathology.—In order to fully understand the pathological condition, it is well to consider the structures principally affected in this injury.

Instead of the principle lesion being laceration of the transversus perinei muscles, as we were formerly taught, there are involved several structures of equal, if not more importance than they. They are: The three layers of fascia—the perineal fascia, the triangular ligament and the levator fascia; all attached to the pubic arch, and the tendinous centre of the perineum; and the levator ani et vaginae muscle, also attached to the pubic arch and central tendon, and to the rectum and coccyx.

Of these structures the levator ani muscle, judging from its size and extent of attachment, is probably the most important support of the perineum.

In that class of cases of relaxation that develope slowly under increased intra-abdominal pressure, or displaced uterus, there may be no actual laceration of any of the perineal structures, but simply a relaxed or stretched condition.

When an injury is received during parturition, there is a more or less extensive tear of the levator ani and transversus perinei muscles, with a corresponding injury of the fasciae. Any one, or all of these structures may be torn.

The surgically important tear is usually lateral instead of central; frequently it is bilateral, and after cicatrization has taken place, it is recognized by its depressed, irregular, hard base, extending backward into the vaginal canal, on either side of the columna ingarum. There is usually an increased prominence of the column, frequently a rectocele and not uncommonly a cystocele.

The symptoms are numerous and quite varied, each case pre-

senting features of its own, and I can best illustrate by citing a case which I consider fairly typical ; Mrs. M., æt. 36, medium height, dark complexioned, nervo-bilious temperament; has given birth to four children, all large and healthy; the oldest one is eight and the youngest one two years old. I elicited the following history :

She has suffered with an almost constant headache for the past six years ; the pain was located in the occiput, extending forward on the right side, and down the back and was relieved by hot applications. She also had periodical attacks of what seemed angina pectoris, in which she would become unconscious, so great was the pain. She had these attacks with more or less regularity every two weeks for several years, but they were worse during the first four months of gestation, during which time the physicians despaired of her life, and several times threatened to produce abortion, but feared to do even that on account of the extreme weakness of the patient. During the last five months of pregnancy she gradually grew better ; the attacks of angina pectoris were less severe, and the headache was less trying, but vomiting continued throughout the entire period of gestation. She was worse during each succeeding pregnancy.

Before marriage she had been unsuccessfully treated for ovaritis. Contrary to the predictions of the attending physician, marriage and subsequent pregnancy afforded her no relief. There was also a history of obstinate constipation, which was only temporarily relieved by a large dose of cascara sag. A mucus enteritis then supervened. She passed casts from one to three feet long. She became melancholy, especially when alone, and at times was afraid she would lose her mind.

On examination I found an exceedingly relaxed perineum ; extreme local tenderness and an acrid leucorrhœal discharge, evidently the result of exposure of the vaginal mucous membrane; a rectocele, retroflexed, subinvoluted and partially prolapsed uterus. The uterine sound gave a measurement of five inches in depth. Both ovaries were very sensitive and the left one was enlarged. She suffered intensely from dysmenorrhœa accompanied with excruciating headache. An operation on the perineum was followed by immediate improvement

in every direction. All the symptoms from which she had suffered, including the angina pectoris, disappeared, with the exception of a headache, which sometimes appeared at the menstrual period, but yielded promptly to a few doses of Belladonna.

In another case hemiplegia had developed, and in another spasmotic asthma. In both cases complete recovery followed an operation on the perineum.

Operation.—The operation I like best is the one first described by Emmet.

The patient is placed in a dorsal position and the limbs flexed upon the abdomen. The field of operation is exposed by drawing the nymphæ apart and evertting the posterior vaginal wall by one finger inserted into the rectum.

On passing a finger along the lateral angles of the vagina, the cicatricial formation can be readily distinguished from the normal tissue, and the extent of the cicatrix indicates the area to be denuded. An incision is made, extending from the extreme posterior part of the cicatrix within the vagina to the base of the labia minora; another from the same point to the base of the columnæ. If the relaxation is bilateral, incisions are made on the other side in the same way; another incision is carried from the bases of the nymphæ to the raphe just in front of the anus.

The surface bounded by the incisions is then denuded, all the cicatricial tissue removed, and the hemorrhage stopped. The first stitch is made as follows: The needle is entered at the apex of one of the denuded angles within the vagina, the point directed downward and outward, and is drawn out in the middle of the raw surface about one-half inch from the apex; reintroduced and drawn out opposite the first point of entrance. This suture is immediately tied; its effect is to draw up the perineum. The same plan is adopted with each succeeding stitch, the suture being tied as soon as placed in position.

The operation being bilateral the procedure is the same on both sides.

After both angles are sutured the remaining portion is closed by what Emmet calls the crown suture, which is introduced in such

a way as to include the three angles and when fastened it draws them together as a purse string closes a purse. One or two superficial stitches may be needed to complete the operation. The wound is dressed and kept clean, dispensing with water as much as possible, and unless catgut is used the sutures should be removed in about ten days. Ordinarily it is not necessary to use the catheter, but the bladder must not be allowed to become distended, on account of the pressure it exerts on the tightened posterior vaginal wall.

The advantages of the operation are four, viz: a longer perineal body is secured; the floor of the pelvis is actually raised; a median scar is avoided, and there is less pain following the operation, on account of the distribution of tension, from ten to twelve stitches being ordinarily required.

Colleges and Hospitals.

HAHNEMANN HOSPITAL COLLEGE.

The regular session of the Hahnemann Hospital College opened Monday, May 2, with sixteen new matriculates, and with the members of the middle and senior classes there are at present some forty students in attendance, with perhaps some yet to be heard from. The class might have been greatly enlarged as to numbers had not the officers exercised a careful discrimination in accepting new matriculates. We know of several who applied for admission, were tried in the balance, and found wanting. The students of the *Materia Medica* Class enjoyed immensely a lecture by Prof. H. R. Arndt upon the Homœopathic Method of Prescribing. Prof. Arndt occupied for many years the chair of *Materia Medica* in the University of Michigan, and naturally handles the subject of *Materia Medica* (as he does all subjects, by the way) like a master of the art, as he is—and, although greatly applauded upon closing, which the Professor in his modesty believed was due to the fact that he had finished—there was considerable sorrow expressed that he could not remain longer with us and give a full course of lectures upon Homœopathy.

NEW LICENTIATES.

The following have been granted licenses since Jan. 1, 1892: C. C. Baker, Chico; W. H. Hill, Santa Ana; J. B. Stansbury, Ontario; H. Nevins, Bakersfield; E. H. Lathrop, San Diego; M. K. Telson, San Diego; J. M. Bowen, San Jose; H. H. Spencer; M. H. Atkins, 608 Geary st., San Francisco; G. W. Pleasant, Willow Ranch; C. H. Case, 1606 Howard st., San Francisco; E. G. Pease, 700 Sutter st., San Francisco; A. Jaffa, San Francisco; M. B. Campbell, Claremont; R. A. Schermerhorn, Fresno; A. Bush, 2031 Pacific Ave., San Francisco; M. A. Allen, M. D., San Jose.

Editorial Notes.

SIXTEENTH ANNUAL MEETING OF THE CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY.

In the annals of Homœopathy on the Pacific Coast there has never been a more successful, interesting and instructive meeting than the above, which convened in the lecture room of the Hahnemann Hospital College on May 11, at 10 o'clock, and which adjourned three days later. The enthusiasm of the meeting cannot be better illustrated than by the fact that the three days' session was too short a time to read and discuss all of the papers presented, and many of them—to the keen disappointment of their writers at least—were simply read by title and referred to that convenient and most excellent committee—the publishing.

President Arndt is an ideal presiding officer, and while he was in the chair the sessions were not allowed to drag. In many former meetings of the State Society, there seemed to reign an impression that time was short, and that everything must be rushed along. In other words, it has seemed to us that former meetings of the State Society were held simply to "get through." Indeed, a motion was carried at some former meeting whose sole object was to further this end of "getting through." At this meeting there was no thought of

this; indeed, at the final adjournment, an air of disappointment that it did not continue longer, prevailed.

The attendance was large throughout the session, and all parts of the State were well represented. Among those greatly missed, however, was the genial countenance of Kirkpatrick, of Los Angeles.

After the call to order and reports of various officers and committees, election of new members, etc., President Arndt delivered his annual address—a most scholarly article abounding in suggestions for the welfare of Homœopathy in this State, and from the Doctor's long experience in legislative matters it can be readily and correctly imagined that these suggestions were of the utmost practicability.

The election of officers for the ensuing year resulted as follows:

President..... J. T. Martin, M. D., Woodland.
First Vice-President..... E. C. Buell, M. D., Los Angeles.
Second Vice-President Mrs. C. V. C. Scott, San Francisco.
Secretary..... Geo. H. Martin, M. D., San Francisco.
Treasurer..... W. A. Dewey, M. D., San Francisco.

The Boards of Censors, Directors, Examiners, and Publishing Committee of the previous year were re-elected.

One of the most important and interesting questions of the whole meeting was the discussion of Dr. J. M. Selfridge's motion to hold the next annual meeting of the Society at San Diego, at the Hotel del Coronado. Upon the presentation of this motion nearly every one in the room had something to say in its favor, but before taking final action on it the President wisely advised that it lay on the table for twenty-four hours, when it was taken up again and carried without a dissenting vote. A paper circulated about the room obtained over twenty-five signatures, pledging attendance at Hotel del Coronado in May next, and doubtless many who did not sign it will be there also, so that we can safely count upon a most successful and enjoyable meeting next year. We hope our Southern confreres who have a semi-annual meeting of their Society will arrange their next spring's meeting so that it may also be held at El Coronado in conjunction with the State Society.

The Reports of Bureaux and discussions of papers occupied the major part of the sessions, and much enthusiasm was developed therein. There was a larger number of papers presented at this meeting than at any other in the history of the Society. Each Bureau was well represented; that of Surgery, presided over by Dr. E. C. Buell, deserves special mention, for in fullness of report and general excellence of papers it was unexcelled. Dr. Joseph Rode's Bureaux of Ophthalmology and Otology also had a full report and most excellent papers. The Bureau of Clinical Medicine, presided over by Dr. J. T. Martin, and that of Obstetrics by Dr. Sidney Worth, also did good work. The Bureau of Materia Medica attempted the consideration of "California Medicinal Plants," and although the original plan of the Chairman, Dr. W. A. Dewey, failed, there were a number of interesting papers presented. The other bureaux were ably represented.

Pursuant to the Constitution, after the closing of each bureau the President elect, Dr. J. T. Martin, appointed the chairmen for the coming year. Those appointed were as follows:

Clinical Medicine and Electricity.....	Dr. J. A. Ostrander.
Obstetrics.....	Dr. Amelia Waterhouse.
Surgery.....	Dr. R. H. Curtis.
Diseases of Women and Children.....	Dr. Wm. Boericke.
Ophthalmology and Otology.....	Dr. Wm. Simpson.
Materia Medica.....	Dr. S. E. Chapman.
Physiology, Anatomy and Pathology.....	Dr. C. L. Tisdale.
Medical Education, Statistics and Necrology..	Dr. J. C. Kirkpatrick.
Legislation.....	Dr. J. M. Selfridge.
Publishing Committee.....	Dr. W. A. Dewey.

The chairmen of these committees have a great deal of responsibility, for in their hands lies the success of the meeting at Coronado Beach next year. The work cannot be commenced too soon, and we would strongly urge upon each of them to appoint at once the members of their bureau, and send a list to the Secretary of the Society, and a copy to THE CALIFORNIA HOMOEOPATH for publication in the July number. Let the bureaux be as full as possible, for while it is doubtless

the present intention of every member to be at Coronado next May, some may, on account of sickness, be unable to attend, therefore the fuller the bureau the surer we shall be of a good report. (It might be well to mention that when we speak of a *full bureau*, we refer only to the number of papers presented.)

There is no reason why each bureau should not have at least six good workers upon it. The Society has grown rapidly during the past few years. Twenty-two new members joined this year, the largest number which has joined at any one meeting in the history of the Society. Those joining were Drs. C. H. Case, P. A. Terry, E. W. Weirick, R. A. Jaffa, T. P. Cosack, C. L. Guild, S. E. Chapman, M. H. Atkins, G. W. Whithworth, C. W. Breyfogle, E. P. Lanthrum, C. M. Selfridge, S. J. Fenton, G. Selfridge, E. G. Pease, J. F. Brown, A. Wheeler, M. A. Dewey, R. S. Stevens, J. M. Bowen, C. A. Risdon, A. Bush. The number of members is now nearly a hundred, and with energetic work on the part of the officers and chairmen of the various bureaux, there is no reason why the meeting at Coronado next May should not be a rousing one. D.

Correspondence.

Letter from Dr. Amy G. Bowen.

I have been in Berlin five days, and have got to work without loss of time. I can hear of no medical women here at present. They seldom come to Berlin, and when they do are generally glad to get away. As I expected, I have found it very difficult getting into the hospitals, for as you know they are *absolutely* closed to women. I came prepared for the worst, and should not have grieved over failure, considering that I have already accomplished so much more than I had planned in coming to Europe. Within the five days I have secured admittance to all the clinics I wish to attend except one, and I shall get into that to-day. I am not only elated but surprised at such great good fortune, the more so when I think

how great have been the obstacles met and overcome. My experiences with the different professors would make too long a story. My interviews with some of them were stormy, but the result in each case was entirely to my satisfaction. I will describe a meeting with one of them yesterday, which though not marked by the usual sanguinary concomitants will still answer for an example. He is one of the great men of the university, and his fame is world wide. His clinic is one of the most celebrated in Europe, and it is counted a high honor to be admitted to it. Only the most difficult cases are sent there, and only the best surgeons are allowed to operate. He is grim and stern in appearance, and in manner sharp and imperious. His co-workers are careful to avoid collisions with him, and his subordinates approach him with fear and trembling. I had been informed as to his characteristics, and knew also that he was a hater of women doctors. I had, however, made up my mind to enter his clinic; so, despite all warnings, I coolly walked into his awful presence. This is about the dialogue that followed :

He. Well, what can I do for you? *I.* I am an American and — *He.* Ah, glad to see you. I am always glad to meet Americans. *I.* And a doctor? *He.* The Devil!! *I.* No, I am not he, only a doctor, as I have said. *He.* Oh, ah; beg pardon. But why have you come to Berlin? *I.* To see you, and to take some courses in surgery. *He.* (with emphasis) But you are a woman. *I.* Yes; if that be a misfortune it is not my fault; whatever it be, I am trying to make the best of it. *He.* But women doctors are not allowed here. *I.* I am aware of that. *He.* And yet you came? *I.* Yes; you see I am here. *He.* Did not the registrar of the university warn you not to come to me? *I.* Yes; others did the same. *He.* Then why in — have you persisted in coming? *I.* To take surgery as I have said. *He.* Do you know how I sent away two women in a hurry a week ago who dared to come to me on the same errand? *I.* Yes, I have heard about it, but I am neither of them. *He.* Your presumption and assurance are amazing; they challenge my admiration. Who are you? *I.* I am known among my few acquaintances as Dr. Bowen. *He.* What do you know? *I.* Nothing worth mention. I came here hoping

to learn something. *He.* Ha, ha, ha, ha. Your talk is interesting. I must say, I am favorably impressed with you and would be glad to furnish you the opportunity you wish, if such a thing were possible. But there are too many doctors in my clinic opposed to women ; besides, it is against the rules. *I.* But I have been among the doctors and they are not afraid of me. I think they are all friendly, and I am sure none of them would object to one woman. As to the rules, they are unjust and tyrannical, and should be abolished. *He.* Whatever may or may not be true of the rules, it is my office to obey. When I choose to do otherwise I must face a power that has been known to vacate a chair. *I.* There is no danger on that score. The university could spare any or all of its rules, but not *you*. *He.* (after a long pause) I say, come to me next month and I will give you a hearing, and if possible admit you. *I.* Many thanks ; but do you realize that an American's time is valuable ? If you please I will come this month. *He.* Zounds ! Is it not enough that I promise to admit you at all ? *I.* You are very kind, and I wish I could be content. *He.* The whole earth would not content you. However, as you are so persistent I will try and give you enough of surgery. Come to my clinic to-morrow morning at 10 sharp, and I will find out if you know anything * * * * *

LATER. I have just come from his clinic. What occurred there marks an epoch in my humble life, and makes this one of the brightest of my red letter days. At the outset of my medical career I would not have dared to dream what has to-day become actual and real. I have passed all the tests and have been admitted to that famous clinic, an honor, as I am told, never before accorded to a woman. The tests that were to confound and humiliate me and to send me away with "enough of surgery" became the means to an end, the opposite to that intended. Six cases were brought into the clinic room one after another, and I was called on for a diagnosis of each. The first was a catch, and was promptly disposed of, the Professor remarking with some surprise that I had made a lucky guess. As I proceeded with the others he grew excited and enthusiastic, and at the end announced that all my diagnoses had been correct, although he had regarded the cases as diffi-

cult, they having required much of his time and study in their determination. He then followed with a glowing speech laudatory of my performance, after which I was called on to operate in a case supposed to be difficult. It was the opportunity I wanted, and I made the most of it, and was able to get in some extra touches that were appreciated by the doctors. At the end they crowded around and I had compliments and congratulations without stint. Since then the topic of conversation has been women doctors and the days doings in that clinic. I can now appreciate the quality of my previous training with such men as Braun, Bilioth and others. To them I give the credit of my success in to-day's ordeal. Now I have many reasons for rejoicing but the chief one is in the fact that a woman is at last recognized in a position for which women have been thought unfit and incompetent and from which they have ever been rigidly excluded. Medical women have never been even tolerated here. When they come, which is not often, they are ridiculed, persecuted and snubbed at every turn. I am rejoiced to know that one woman is having a different experience. I admit that I am also happy in knowing that it is my good fortune to be that one. I shall now have to work hard to keep up my reputation with the great doctors. Being the only woman, and an American, I feel a great weight of responsibility. I shall do my best. I can do no more. The rest I leave with Providence. Do not report what I have written as it might sound like boasting, and that is much beneath my dignity.

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Personals.

DR. C. C. WACHENDORF has located at Santa Rosa.

DR. F. SALTONSTALL has gone east for a short vacation.

DR. S. S. GUY, who has built up a fine practice in Visalia, would like to dispose of it to some good Homœopathist. The field is excellent. Address the doctor direct.

DR. LOW has left Paradise, Cal., and located somewhere in Idaho.

MARYSVILLE was represented by DR. W. W. RUSSELL, of whom we saw very little, to our regret.

SAN JOSE sent as delegates, DR. CARRIE A. GOSS, DR. WM. SIMPSON, DR. L. PRATT, DR. P. G. DENNINGER. But where was J. J. MILLER?

DR. ROLLIN H. STEVENS has located at Mayfield, Cal. The doctor is pursuing physiological studies at the Stanford University.

DAVENPORT, Washington, in Lincoln County, about forty miles from Spokane, offers a most excellent field for a homœopathic physician.

WE hope that as many of our physicians that can, will attend the American Institute meeting at Washington, this month. It promises to be a most interesting one.

FOR SALE—A practice in an interior town; splendid office, nicely furnished; with a good stock of medicines, book cases, desk, etc., etc. Address HOMOEOPATH.

DR. J. C. KIRKPATRICK, of Los Angeles, gave us a flying call a few days ago. The Doctor regretted his being unable to attend the Society meeting, almost as much as we did.

FOR SALE—An entirely new Robert Allison office and operating table. Cost eighty seven dollars, will take seventy. Address Rawdon Arnold, M. D., 1678 Taylor street, Oakland.

THE southern part of the State was ably represented at the State Society by President H. R. ARNDT and DR. JOSEPH RODES, of San Diego, DR. J. F. BROWN and DR. E. C. BUELL, of Los Angeles.

DR. JANE M. BOWEN from San Jose recently called and reports most favorable and interesting news about the European medical experiences of her daughter, Dr. Amy Bowen. (See Correspondence).

WE are in receipt of the remarks of SENATOR J. H. GALLINGER, of the U. S. Senate, upon the subject of a national sanitarium for the treatment of pulmonary diseases. SENATOR GALLINGER is a homœopathic physician, and our interests in Congress are sure to be looked out for by him.

AMONG the journalistic literature of our school, none presents a better appearance or is abler edited than the *Southern Journal of Homœopathy*. If Bill Jones was alive this statement could be proved to the satisfaction even of Uncle Joshua Whitcomb. If any doubt it, however, just send to Brother Fisher, of San Antonio, for a copy of the April number.

PRESIDENT J. T. MARTIN, of Woodland, carries his honors easily on a pair of broad, good-natured shoulders. DR. MARTIN by his past record in legislative matters, has shown himself to be fully capable of making the next meeting of the Society at Coronado Beach a grand success.

Book Reviews.

The Chinese; Their Present and Future; Medical, Political and Social

By ROBERT COLTMAN, JR., M. D., Surgeon in charge of the Presbyterian Hospital and Dispensary at Teng Chow Fu; illustrated with fifteen photo-engravings of persons, places and objects characteristic of China. In one handsome royal octavo volume. 220 pages. Extra cloth, price \$1.75, net. Philadelphia: the F. A. Davis Co., publishers, 1891.

This is a most interesting volume written by one whose long residence in North China entitles him to be heard. It is an intelligent presentation of Chinese life, traits, manners and customs, their diseases, dissipations, etc.

It is attractively gotten up, fine large print and good paper, which is a fitting form for the pleasant style of the author, making a most readable and instructive book. We can cordially recommend it to physicians as a delightful book for a leisure hour.

Pye's Surgical Handicraft, a manual of surgical manipulations, minor surgery and other matters connected with the work of house surgeons and surgical dressers. 594 pages, 300 illustrations on wood. Revised and edited by T. H. R. CROWLE, F. R. C. S. New York. E. B. Treat. 1892. Third edition.

The reviewer too often finds it a difficult task to discover points to praise, in order that his criticisms may not seem one-sided and unjust.

Pye's Surgical Handicraft, however, places him on the other horn of the dilemma, viz: to find somewhat to criticize severely enough to clear himself of indiscriminating laudation. This excellent and thoroughly practical manual has been, in this its third edition, partly rewritten, somewhat added to and generally brought up to date, it is clear accurate and succinct. It deals with the treatment of patient before and after operations, hemorrhage, shock, various surgical emergencies, bandaging, fractures, dislocations, the treatment of diseases of joints, minor surgery and many other matters, such as the application of trusses, and the taking up of casts. The aim of the author has been to present in this work, the manipulative side of surgery, minor surgery and other matters connected with the work of house surgeons and surgical dressers. The remarks on the preparation of patients for operation and the care of them afterwards, will, we have no doubt, appeal to surgeons as highly judicious and well worthy of note. It is thoroughly trustworthy and very well gotten up

A Treatise on Bright's Disease of the Kidneys, its pathology, diagnosis and treatment. By HENRY B. MILLARD, M. A., M. D. With numerous original illustrations. Third, revised and enlarged edition. New York. Wm. Wood & Co. 1892.

Dr. Millard's classical work is well known. We are glad to again be able to call attention to it in its present beautiful edition, a model of perfect book making. Much of the matter of this work has been written anew, notably the chapters on tests, on the dietary and the use of mineral waters, etc., In the chapters on the treatment, the author mentions different remedies used by Homœopathists and gives indications of them quoted from reliable men. While this may be suggestive, it cannot be the method of true Homœopathy, which never prescribes for a disease, but for the totality of symptoms of a patient, subjective and objective.

History of Circumcision from the earliest times to the present by P. C. REMONDINO, M. D. Philadelphia and London: F. A. Davis, 1891.

This is No. 11 of the Physicians' and Students' Ready Reference Series and one of the most interesting. It is an advocate of circumcision for all males and gives moral and physical reasons for its performance, with a history of Eunuchism, Hermaphrodisim, and the different operations practiced upon the prepuce. The author informs us that circumcision has always been practiced in ancient Egypt and other countries by the Priesthood and intellectual classes, either as a hygienic precaution or as an aristocratic prerogative and he affirms that in the United States, France and England, it is largely practiced in every male member of many of the "families" of a certain class, namely, physicians. This is surprising to say the least. The chapter on the different operative procedures is instructive and valuable—here the author has given a careful and impartial review of the different methods of operating, from the simple to the most elaborate, and paying special attention to the subject of after dressings. We cordially recommend this volume.

International Clinics. A quarterly of Clinical lectures on Surgery, Ophthalmology, &c., &c., by Professors in the leading medical colleges of the United States, Great Britain, Canada. Edited by J. M. KEATING, M. D., J. P. C. GRIFFITHS, M. D. and others. Philadelphia: J. B. Lippincott & Co., January, 1892.

The present volume of this excellent Serial keeps up the high standard of its predecessors. No physician desiring to keep abreast of the times in the various departments of medicine and surgery, can really afford to do without one of these periodical publications that place before him every quarter the latest teachings, all of a practical nature, of the most advanced college professors. The present volume contains a really good photogravure of Theodore Parkes, M. D., the great Chicago surgeon.

Kali Prom. Acne, worse on face and chest. Bluish red and pustular.

Clinical Items.

Grindelia.—As a spleen remedy. Pain in left side in region of spleen. Enlarged and tender spleen and sallow complexion. Influences the organs that are connected with the Portal circulation. The remedy seems to be applicable to any pain in the left side extending as low as the hip and as high as the nipple; may be sore, aching or keen, cutting pain.

Santonin.—In overstraining the sight and in glaucoma, color blindness, opacity of the vitreous humor.

Lactuca.—Asthma, angina pectoris, squeezing, lancinating pain in left side of breast extending to shoulder blade, with great oppression of whole chest.

Myrtus.—Stitches in left breast, running to shoulder blade;

Grindelia.—Is an excellent remedy in ciliary neuralgia: great soreness of eyeballs; worse motion and turning, also in *Iritis*.

Spigelia.—Pain in left orbital region, paralysis of the upper lid.

Ferrum phosphoricum. Eyes.—We have found this remedy of great value in all acute and many chronic inflammations of the conjunctiva, and during the inflammatory stage of optic neuritis. It is especially adapted to conjunctivitis with great relaxation of that membrane. It surpasses aconite in a majority of acute superficial inflammations of the eye. It has also been found of service in retinitis with great engorgement of the retinal vessels.—H. C. FRENCH, M. D.

Nose and Throat.—From clinical experience we can confidently recommend fer. phos. in catarrhal inflammations of the nasal, pharyngeal and laryngeal mucous membrane, and with the latter a tendency to evening hoarseness.—H. C. FRENCH, M.D.

Ears.—We have seen marked benefit from the use of fer. phos. during exacerbations of diffuse inflammation of the external auditory canal, also in acute inflammations of the middle ear, whether catarrhal or suppurative; and in inflammation of the drum-head, especially when the membrane is dry and its vessels engorged.—H. C. FRENCH, M. D.

Eucalyptus tincture with equal parts of glycerine is an excellent topical agent to enlarged and ulcerated tonsils or inflamed throat. Its curative action is very prompt and efficient as an application in metritis and endometritis, it is equally meritorious.—Dr. Ketchum.

Eucalyptus is the remedy in bronchitis, where the cough is almost constant with a free, watery expectoration; also in aphthous ulcers in the mouth and throat of children. When in the course of bronchitis the febrile elevation has fallen and the so-called catarrhal stage has been reached, *Eucalyptus* positively diminishes the expectoration and renders it less purulent. This is especially true in the fetid form of bronchitis, in bronchial dilation and emphysema.

Selections.

SOME EXPERIENCES WITH SCHUSSLER'S TISSUE REMEDIES.

By STANLEY WILDE, L. R. C. P., L. R. C. S., EDIN.

Kali Muriaticum.

A gentleman attending a crowded meeting was compelled to stand in a draught beneath an open window, the result being an attack of otitis externa of the right ear with subsequent otorrhœa and deafness. The case was treated successively with *acon.*, *puls.*, and *merc. sol.*, which controlled the pain and inflammatory symptoms, but only partially relieved the otorrhœa, while the deafness remained untouched; *hydrastis* and then *sulphur* were given with still incomplete effects.

At this stage there were thickening and narrowing of the meatus, with a thin, flaky discharge therefrom. The watch-hearing was four inches. I then prescribed *Kali muriat.* 3x, and in the course of a few days the discharge ceased, and in a fortnight from the time the medicine was commenced, the hearing had become normal. This remedy also did good service in a case of recent catarrhal eustachian deafness in a boy who suffered from chronic enlargement of the tonsils. *Puls.* and *merc. sol.* had previously been given without effect, but the deafness disappeared after fourteen days use of *kali. mur.* The tonsils were unaffected, but treatment was given up at the restoration of the hearing.

In Drs. Boericke and Dewey's "The Twelve Tissue Remedies of Schussler," (a well arranged and complete volume on the subject), it states that *kali mur.* is "one of the most useful and positive of all our remedies in the hands of the aurist, chiefly suited to the second or later stages of catarrhal states."

Dr. H. C. Houghton in his *Clinical Otology*, speaks of this medicine as "one of the most effective remedies we have ever used for chronic catarrhal inflammation of the middle ear, especially the form designated proliferous;" and Dr. H. P. Bellows gives a similar account of the drug when he says "my own experience of *kali mur.* has been largely confined to chronic catarrhal conditions of the middle ear, and after keeping a careful record of its action in nearly two hundred of these cases, I am convinced that it is one of the most useful agents we possess in their treatment."

Ferrum Phosphoricum.

My first experience of this remedy in febrile conditions was markedly satisfactory. The case was that of a stout child, eighteen months old, with a large brain and florid cheeks, suffering from dental irritation. Previous to my visit, the mother had been giving *acon.* and *bell.* for twelve hours, with no relief. The skin was hot and burning, the cheeks highly flushed, the eyes sparkling, with pupils dilated, and the child in a state of extreme restlessness and irritability.

I gave *trit. ferri. phos.*, 6x in water, to be given in teaspoonful doses every hour, and, on visiting the case next day, the

mother assured me that the first dose had a decidedly quieting effect, the child going to sleep shortly after taking it, and the cheeks becoming much less flushed. The medicine had been repeated two or three times during the night, and the little patient now appeared quite lively and well.

In the volume referred to *ferr. phos.* is stated as "seeming to stand midway between the intensity of *acon.* and *bell.* and the dullness of *gelsem.*," and that its field of action is in "febrile disturbances and inflammations at their onset, before exudation commences."

A florid complexion, with less nerve tension than that of *bell.*, is considered a keynote for its use. Also when throbbing or pulsation is complained of in the affected part.

The following case presents *ferr. phos.* in another sphere of action, and confirms its well known remedial power over diurnal enuresis.

Mrs. M., *aet. 35*, came to me in January, 1889, suffering from incontinence of urine. The trouble had existed for three years, and she could give no light on its origin. She stated that she could retain the urine at night, but not in the day time, when she passed a large quantity of water involuntarily. Her general health was otherwise fairly good. *Trit. ferri. phos. 3x.* was prescribed, to be taken four times a day. A week later she reported that she could now retain the urine much better during the day. The medicine was continued for three weeks longer when she informed me that the power over the bladder was now complete, and that she was better than she had been for two years. Nine months afterwards the patient came to me again with a return of the malady, and, although she was then *enciente*, *ferr. phos.* again completely stopped the incontinence.

Aloe in the treatment of wounds, is similar to the well-known *Calendula*. It furthers granulation and aids the rapid healing of wounds. Old sores, ulcers, &c. find an efficient remedy in *Aloes*, applied locally and internally, removing the pain and gradually healing the wound. Pimples and ill condition of the skin are likewise benefited by *Aloes* locally.

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W. C. Wile, A. M., M. D., in the New England Medical Monthly, Dec., 1890.

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